

FAX

TO:	FROM:
Commissioner for Patents, Mail Stop:	C. Douglass Thomas Ph: 650-903-9200, Fax: 650-903-9800
COMPANY:	DATE:
United States Patent Office	3/20/2006
FAX NUMBER:	NO. OF PAGES (INCLUDING COVER):
571-273-8300	24
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	460079.403
RE:	RECIPIENT'S REFERENCE NUMBER:
Amendment and IDS	09/620,199

NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Amendment F Transmittal	1 page
Amendment F	18 pages
Information Disclosure Statement	2 pages
Form 1449	1 page
PTO Form 2038 – Credit Card Payment	1 page

MAR 20 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: PARKER et al.

Attorney Docket No.: 460079.403

Application No.: 09/620,199

Examiner: BOYCE, Andre D.

Filed: July 20, 2000

Group: 3623

Title: METHOD AND SYSTEM FOR
SCHEDULING DISTRIBUTION ROUTES AND
TIMESLOTSCERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 20, 2006.

Signed: Patricia Tate

Printed Name: Patricia Tate

AMENDMENT F TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	42	MINUS	42	00	x 9 =	x 18 =
Independent Claims	06	MINUS	06	00	x 43 =	x 86 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
				Total	\$00.00	\$

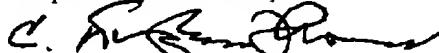
Applicant(s) hereby petition for a _____-month extension(s) of time to respond to the aforementioned Office Action.

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Enclosed is a Credit Card Payment Form for the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. RLC1G000).

Respectfully submitted,

C. Douglass Thomas
Reg. No. 32,947